## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |  |              |                               |                     |                  |          | SMALL ENTITY TYPE  |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
|--|--|--|--------------|-------------------------------|---------------------|------------------|----------|--------------------|------------------------|-------------------------------|---------------------|------------------------|
| TOTAL CLAIMS   |  |  | 17           |                               |                     |                  | ſ        | RATE               | FEE                    | 1                             | RATE                | FEE                    |
| FOR  |  |  | NUMBER FILED |                               | NUMB                | ER EXTRA         |          | BASIC FEE          | 375.00                 | OR                            | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |  | /7 minus 20= |                               | * Ø                 |                  |          | X\$ 9=             |                        | OR                            | X\$18=              | 1                      |
| INDEPENDENT CLAIMS   |  |  | / minus 3 =  |                               | * 8                 |                  | ľ        | X42=               | <del></del>            | OR                            | X84=                | (                      |
| ML   | ILTIPLE DEPĖN                                  | DENT CLAIM P                               | RESENT       |                               | 7                   |                  |          | +140=              |                        | OR                            | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |  |              |                               |                     | L                | TOTAL    |                    | OR                     | TOTAL                         | 7,10                |                        |
| CLAIMS AS AMENDED - PART II  |  |  |              |                               |                     |                  |          | OTHER THAN         |                        |                               |                     |                        |
| (Column 1)   |  |  | Programmes   | (Colur                        |                     |                  |          | SMALL              |                        | OR<br>i I                     | SMALL               |                        |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT            |              | NUMI<br>PREVIO                | BER<br>OUSLY        | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus        | **                            |                     | =                |          | X\$ 9=             |                        | OR                            | X\$18=              |                        |
| ME   | Independent                                    | *  | Minus        | ***                           |                     | =                | Ī        | X42=               |                        | OR                            | X84=                |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |              |                               |                     |                  |          | +140=              |                        | OR                            | +280=               | ·                      |
|  |  |  |              |                               |                     |                  |          | TOTAL<br>DDIT. FEE |                        | OR                            | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |  |              |                               |                     |                  |          |                    |                        |                               |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER.<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus        | **                            |                     | =                | l        | X\$ 9=             |                        | OR                            | X\$18=              |                        |
|  | Independent                                    | *  | Minus        | ***                           | - 01 4114           | -                |          | X42=               |                        | OŖ                            | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |  |              |                               |                     |                  |          | +140=              |                        | OR                            | +280=               |                        |
|  |  |  |              |                               |                     |                  |          | TOTAL<br>DDIT. FEE |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
|  |  | (Column 1)                                 |              | (Colu                         |                     | (Column 3)       |          |                    |                        |                               |                     | Δ.                     |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |              |                               | BER<br>OUSLY        | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus        | **                            |                     | =                |          | X\$ 9=             |                        | OR                            | X\$18=              |                        |
| ME   | Independent                                    | *  | Minus        | ***                           |                     | =                | <b>]</b> | X42=               |                        | OR                            | X84=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |              |                               |                     |                  |          | +140=              |                        | OR                            | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |  |              |                               |                     |                  |          |                    |                        |                               |                     |                        |